

Replacement for the 10 page paper?

A pilot project using blogs and wikis for a collaborative EBM assignment in a 3rd year internal medicine clerkship

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OBJECTIVE

Pilot a group assignment using blogs and wikis to develop evidence-based medicine skills in third year medical students on an internal medicine clerkship. Instead of the clerkship's previous individual ten-page paper assignment, the students were divided into four groups of sixteen. During the clerkship, students are on geographically dispersed rotations. The earlier ten-page paper had required the students to complete a patient history and physical write-up. With the pilot project, each group was assigned a librarian and a physician faculty mentor. Each student recorded on the blog a clinical scenario and question they encountered. They were encouraged to communicate with the librarian to construct a well formed clinical question. Each student group then came to consensus on which question to pursue and collaborated on a wiki including a list of citations to the best available evidence, a critique of the studies, and implications for the patient.

METHODS

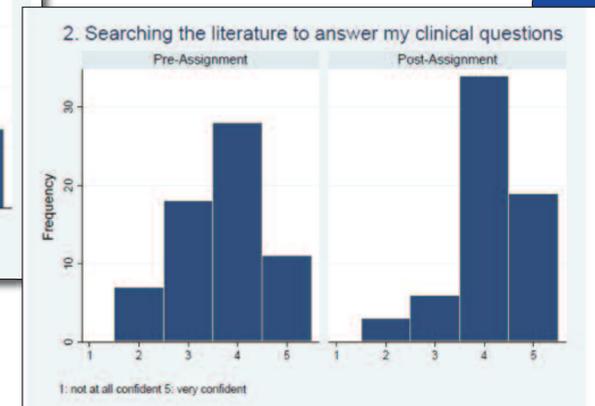
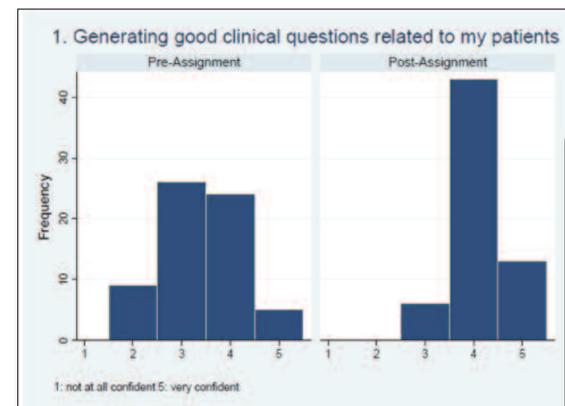
Surveys were administered to students before and after the assignment. The clerkship director solicited feedback from library liaisons and physician mentors at the end of the assignment.

RESULTS

Five questions, which related to the students confidence in their EBM abilities, showed a significant increase (Wilcoxon signed-rank test, alpha=0.05). There was no significant difference in two questions about the importance of EBM in medical education and patient care. Other questions seeking open-ended comments and feedback from library liaisons and physician mentors revealed opportunities for improvements such as smaller group sizes and clarification of librarian and physician mentor roles.

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Clinical Scenario and Question (permalink) - edit | history | delete |
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Thanks for the vote of confidence, guys! I have copied and pasted the original clinical scenario and question that I posted. Before we post a "final" version to the wiki, let's edit the scenario and question for grammar and content to make sure that it's exactly what we want to research and will be able to research. Working within the PICO framework we learned about, do we want to expand or narrow any parts of this question to include a different patient population? a different intervention? comparison? or outcome (perhaps only heart rate and not thromboembolic events), although I think they go hand in hand.
Clinical Scenario:
An 85 year old woman with a past medical history significant for CAD s/p bare metal stents x2 in 10/08, mitral valve prolapse, osteoporosis, and HTN, is admitted for new-onset atrial fibrillation while at a routine cardiology visit. The patient denies all symptoms, except for feeling her "heart pounding occasionally." She is tachycardic at rest to the 100s, with a stable BP (120s/80s), RR 18, and 97% O2 Sat on RA. PE is remarkable for I/VI mitral regurgitation.
Clinical Question:
In hemodynamically stable patients older than 75 with new-onset atrial fibrillation, how do Beta-blockers compare to calcium channel blockers in terms of controlling the heart rate and preventing thromboembolic complications from atrial fibrillation?
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3. List of References (permalink)
1) Outpatient use of anticoagulants, rate-controlling drugs, and antiarrhythmic drugs for atrial fibrillation. *American Heart Journal*. Volume 154, Issue 5 (November 2007). Copyright © 2007 Mosby, Inc. -- [redacted] -- will review
2) Platia E.V., Michelson E.L., Porterfield J.K., Das G. Esmolol versus verapamil in the acute treatment of atrial fibrillation or atrial flutter. *Am J Cardiol* 1989; Apr 15;63(13):925-9. ([redacted]) -- will review
3) Mooss A.N., Wurdeman R.L., Mohiuddin S.M., Reyes A.P., Sugimoto J.T., Scott W., Hileman D.E., Seyedroudbari A. Esmolol versus diltiazem in the treatment of postoperative atrial fibrillation/atrial flutter after open heart surgery. *Am Heart J* 2000 Jul;140(1):176-80. ([redacted]) -- review on its way
4) Olshansky B, Rosenfeld LE, Warner AL et al. The Atrial Fibrillation Follow-up Investigation of Rhythm Management (AFFIRM) study: Approaches to control rate in atrial fibrillation. *J Am Coll Cardiol* 2004; 43: 1201-8. ([redacted]) - will review
5) Samii SM, Hynes BJ, Khan M, et al. Selection of Drugs in Pursuit of Rate Control Strategy. *Progress in Cardiovascular Diseases*, Vol 48, No 2, 2005: pp 146-152. ([redacted]) -- will review
6) Wyse D.G., Waldo A.L., DiMarco J.P., et al: A comparison of rate control and rhythm control in patients with atrial fibrillation. *N Engl J Med* 347. 1825-1833.2002 -- [redacted]
7) Ijaz A, Khan, Chandra K, Nair, Narpinder Singh, Ramesh M, Gowda, Reshma C, Nair: Acute ventricular rate control in atrial fibrillation and atrial flutter. *International Journal of Cardiology*, Volume 97, Issue 1, October 2004, Pages 7-13 -- [redacted] (review to follow)
8) Boriani, Giuseppe; Biffi, Mauro; Diemberger, Igor; Martignani, Cristian; Branzi, Angelo. Rate Control in Atrial Fibrillation: Choice of Treatment and Assessment of Efficacy. *Drugs*. 63(14):1489-1509, 2003. ---- [redacted] (review to follow)
9) Pahor, M, Guralnik, JM, Corti, M-C, et al. Long-term survival and use of antihypertensive medications in older patients. *J Am Geriatric Soc* 1995; 43:1191.-- [redacted] (review to follow)
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LESSONS LEARNED

- Initial group of 16 students per group (4 total groups) was too large for collaborative work—students suggested smaller groups for future rotations.
- Future rotations divided 70 students into groups of 4-5 students and 2 additional library liaisons joined the team.
- Do not assume that students will use a wiki and blog in the manner you expect—even with CommonCraft video introductions, and a completed sample module, students used the wiki and blogs in different ways.
- Constant reminders from clerkship director to complete assignment were required.
- Clearly indicate when the Blackboard courses/accounts will be open for contributions. Not all groups started at the same time, which caused confusion.
- Since the 70 students rotate at 6 hospitals in PA, DE and NJ, using the wiki and blog tools in Blackboard allowed for effective collaboration.
- It takes a village for this assignment to work. Library liaisons help with structuring questions, and then the physician mentors help to answer questions and guide the online conversation.
- Effect on the librarian participants: improved understanding of evidence-based practice with these real-life examples.
- Librarians struck different levels of collaboration from group to group.
- Librarians spent about 8 total hours each working with students.

CONCLUSIONS

The pilot demonstrated that a group assignment using blogs and wikis to collaborate on an EBM clinical scenario significantly improved the students' confidence in practicing evidence-based medicine. It had no impact on their valuation of EBM. Several areas for improvement were identified for future courses.